

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004068 (1)

1. Corporation Name

THE BISCAVNE FOUNDATION, INCORPORATED

Principal Place of Business

**2785 N.E. 183RD STREET
AVENTURA FL 33160**

Mailing Address

**2785 N.E. 183RD STREET
AVENTURA FL 33160**



3. Date Incorporated or Qualified

08/23/1995

3a. Date of Last Report

8/23/95

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DICOWDEN, MARIE A PH.D.
2785 N.E. 183RD STREET
AVENTURA FL 33160**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **GREEN, BARTH M.D.**
STREET ADDRESS **620 SABAL PALM ROAD**
CITY-ST-ZIP **MIAMI FL 33137**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **KAPLAN, LISA MS.**
STREET ADDRESS **10667 TURNBERRY WAY-21GR**
CITY-ST-ZIP **AVENTURA FL 33180**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **MICHAEL MILLER**
2.3 STREET ADDRESS **2875 NE 191 ST #800**
2.4 CITY-ST-ZIP **MIAMI FL 33180**

TITLE **D** ☐ DELETE
NAME **DICOWDEN, MARIE A PH.D.**
STREET ADDRESS **3610 YACHT CLUB DRIVE #1108**
CITY-ST-ZIP **AVENTURA FL 33180**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96

Date

305-932-1658

Daytime Phone #

CR2E037 (12/95)